

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9148

State File No. 92

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>92</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>Indep.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>INTERCITY DIST.</u>		c. LENGTH OF STAY (in this place) <u>19 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>INTERCITY DIST.</u>		d. STREET ADDRESS (If rural, give location) <u>8611 Winner Road</u> <u>Independence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8611 Winner Road</u>				d. STREET ADDRESS (If rural, give location) <u>8611 Winner Road</u> <u>Independence</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u>		b. (Middle) <u>MABEL</u>		c. (Last) <u>STOPP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 5 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>January 22, 1878</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Freeport, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Michael I. Stepp</u>		13b. MOTHER'S MAIDEN NAME <u>Emma L. Nobel</u>		14. NAME OF HUSBAND OR WIFE <u>Gussie L. Stepp</u> <u>K.C.Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Gussie L. Stepp 8611 Winner Rd. K.C.Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular disease</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>asthma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>5 years</u> <u>4 2 2 2</u> <u>30 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 1945</u> to <u>Mar 5, 1950</u> , that I last saw the deceased alive on <u>Mar 4, 1950</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. N. Hill, M.D.</u> (Degree or title)		23b. ADDRESS <u>Independence, Mo 6438 Helger Ave</u>		23c. DATE SIGNED <u>3/7/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>March 8 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Topeka, Kansas.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 7-1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>354</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. C. L. Forster</u> <u>K.C.Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. N. Hill
1438 Hedges
Indep - 4679

MAR 13 1947

Embalmed by
Wm. C. Bailey
Wm. C. Bailey
Wm. C. Bailey
Wm. C. Bailey

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Clayton F. Barnes

Student Embalmer No. 348

working under my personal supervision.

Signed

Clayton F. Barnes
Student Embalmer

Signed

Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address H. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.